



EMS Funding Guideline
REQUEST FOR PROPOSAL

GRANT PROPOSAL GUIDELINES

North Carolina Hospital Bioterrorism
Preparedness Grant

FFY 2003 - 2004



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REQUEST FOR PROPOSAL
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**EMS FUNDING GUIDELINE
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North Carolina Hospital Bioterrorism Preparedness Grant GRANT PROPOSAL GUIDELINE Federal Fiscal Year (FFY) 2003-2004

Background Information

In 2002 the North Carolina Office of Emergency Medical Services (OEMS), at the direction of the Federal Human Resources and Services Administration (HRSA) Bioterrorism Preparedness Grant was directed to create an statewide EMS needs assessment and assist in the development of Regional Disaster Response Plans. In FFY 2003-2004 funding for EMS will focus on mutual aid, credentialing of clinicians, preparedness exercises, etc. the delivery of equipment and education for each EMS system. The following application was designed to assist in completion of FFY 2003-2004 EMS funding applications. The guideline documents provide sample proposal formats, templates, and an associated “check sheet” to further aid the EMS System with the completion of all requirements for this grant cycle.

Overview

In the FFY 2003-2004 Grant Guidelines HRSA identified Priority areas and Critical Benchmarks that will be addressed for this funding. The EMS funding guidelines are designed to assist the EMS system in meeting these priority areas and Critical Benchmarks. The EMS system shall provide a brief description on how they shall meet these priority items and Critical Benchmarks. **Please note Section I Required items must be addressed before the EMS System can expend funds on Section II Priority Items.** Once Section I Required Items have been met the EMS system may proceed on to **Section II Priority Items**. In **Section II** the priority items listed shall be addressed based on your systems needs. The documentation provided to North Carolina Office of Emergency Services on each priority area will also aid in the annual Federal Report due to HRSA March 2004.

Required Information

The NCOEMS Grant Review Committee will review all applications using the “Check Sheet” provided. Use of the “Check Sheet” by applicants is encouraged to speed the application process and make it easier for the applicant. Use the codes provided in each section to streamline this process. Questions may be directed to the Bioterrorism Specialist respectively assigned in each region. The final submission to the NCOEMS shall include six (6) main items:

- (1) EMS Proposal Format with (2) Certification and Acceptance Agreement (**2 original signed copies**) – Template 1
- (3) EMS Implementation Schedule - Template 2
- (4) EMS Composite Budget Sheet - Template 3
- (5) EMS Detailed Budget Narrative - Template 4
- (6) EMS Monthly Draw Down Form – Template 5

Operational Definitions

Regional Advisory Committees (RACS) Aggregates grouped under each of the seven trauma hospitals.
See Appendix RAC Map

Application Deadline

All applications are due in the North Carolina Office of Emergency Medical Services by November 14, 2003. Earlier applications will be accepted and appreciated. Please submit two original signed copies of Certification and Acceptance.

Mail proposal to: Regina Godette Crawford, State Bioterrorism Coordinator
Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707

Award Process

The NCOEMS anticipates award decisions to be made in a three-week time frame. The signed Certification and Acceptance shall be submitted with the grant proposal. Two original signature copies of the signed Certification and Acceptance shall be submitted. After the proposal is reviewed and signed by the NCOEMS the facility will receive a notice of award. Projects

CANNOT be started until the grant proposal is fully executed. Grant proposals not approved will be returned with suggested modifications. The applicant will be asked to resubmit a revised application to the NCOEMS.

Contract Documents

The grant contract shall consist of the following documents, incorporated herein by reference:

- (1) OEMS's Request For Grant Applications;
- (2) The Grantee's Grant Application; and
- (3) Any amendments signed by OEMS's and Grantee's authorized agents.

In the event of a conflict among the terms of these documents, the terms of OEMS's Request for Grant Applications shall control over the terms of the Grantee's Grant Application and the terms of any amendment shall control over the terms of OEMS's Request for Grant Applications and Grantee's Grant Application.

The grant contract cannot be amended orally or by performance. All amendments shall be made in written form and executed by OEMS's and Grantee's authorized agents.

The documents listed above represent the entire agreement between the parties and supersede all prior oral or written statements or agreements.

The grant contract shall be effective on the date upon which the Grantee's grant application is signed by OEMS's authorized agent

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Duration of Grants/Reporting Periods

All grant agreements will expire on August 31, 2004.

During the term of the contract, grantees shall submit quarterly progress reports. Invoice submissions for payment by the OEMS may not be submitted more frequently than 30-day intervals. The Grantee shall submit a final narrative, a financial report and final invoices to the North Carolina Office of Emergency Medical Services on or before September 30, 2004. All expenditures shall be completed on or before August 31, 2004. **Important Note: Funds must be spent by the facility and invoiced to the NCOEMS for reimbursement. A facility SHOULD NOT expend funds before its grant proposal is approved by OEMS. OEMS shall not reimburse any County EMS System for any expenses incurred before the facility's grant proposal is approved by OEMS.**

All progress reports, invoices, narratives, financial reports, and any other reports requested by OEMS, shall be prepared and submitted to OEMS at the times and in the formats specified by OEMS.

Budget

1. Each EMS System shall develop a 2003 budget that supports the level of grant related activities of that system for each priority area.
2. Each EMS System shall submit a detailed budget with combined budget totals using the assigned budget form Template 3).
3. Each EMS System shall provide details relative to how each of the budgeted cost items were calculated using Template 4.
4. A budget approved by OEMS may be amended only with the prior approval of OEMS.
5. Reimbursement for travel, mileage, meals lodging and other travel expenses shall not exceed the rates published in applicable State rules.

Notice of Certain Reporting and Audit Requirements

Each corporation, organization and institution that receives, uses or expends any state funds shall use or expend the funds only for the purposes for which they were appropriated by the General Assembly or collected by the State. State funds include federal funds that flow through the state. If the Grantee is a governmental entity, such entity is subject to the requirements of OMB Circular A-133 and the N.C. Single Audit Implementation Act of 1996. If the Grantee is a non-governmental entity, such entity is subject to the provisions of G.S. 143-6.1. Additionally, any non-governmental entity except a for-profit corporation is subject to the provisions of OMB Circular A-133.

The State Auditor has audit oversight of every Grantee who receives, uses or expends State funds. Such a Grantee shall, upon request, furnish to the State Auditor for audit all books, records, and other information necessary for the State Auditor to account fully for the use and expenditure of state funds. The Grantee shall furnish any additional financial or budgetary information requested by the State Auditor.

If the Grantee disburses or transfers any state funds to other organizations, except for the purchase of goods or services, the Grantee shall require such organizations to file with it similar reports and statements as required by G.S. 143-6.1 and the Office of State Auditor's Audit Advisory #2.

OEMS received the grant funds through an HRSA Federal Bioterrorism Preparedness Grant. Grantee's use of these funds may be audited by HRSA or any other authorized federal agency. Grantee may be required to reimburse the State in part or in whole if any audit reveals that funds were not used for the intended purposes.

Access to Persons and Records

Grantee agrees to provide the North Carolina State Auditor, OEMS, the Department of Health and Human Services, and all applicable federal agencies, or their agents, with access to persons and records for the purpose of monitoring, evaluating, or auditing this grant and the Grantee's performance, and for all other purposes required by law, regulation or policy.

Record Retention

The North Carolina Department of Health and Human Services' basic records retention policy requires all records related to this grant to be retained for a minimum of three years following completion or termination of the grant. Policy further requires records to be retained for a period of three years following submission of the final Federal Financial Status Report, if applicable, or three years following the submission of a revised final Federal Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving this grant has been started before expiration of the three year retention period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three year period, whichever is later. Therefore, Grantee shall not destroy, purge or dispose of records related to this grant or the Grantee's performance without the express prior written consent of OEMS.

Contact Information

Questions regarding proposal development and content should be directed to:

Ann Marie Brown

Central Regional BT Specialist

Annmarie.brown@ncmail.net

Anita Cox

Western Regional BT Specialist

Anita.cox@ncmail.net

Holli Hoffman

Eastern Regional BT Specialist

Holli.hoffman@ncmail.net

FFY 2003-2004 applications and questions regarding the approval process and awards should be directed to;

Regina Godette Crawford

NC State BT Coordinator

Regina.godette@ncmail.net

North Carolina Hospital Bioterrorism Program												
North Carolina Hospital Bioterrorism Preparedness Initiative 2003 Guidelines for Funding												
<i>All required items in Section I and Priority Items in Section II are Eligible for funding with the funds allocations to your county through the Heath Resources and Resource Administration (HRSA) Hospital Bioterrorism Preparedness Grant.</i>												
Section I: Required Items												
<i>Section I – These items must be addressed by each EMS system.</i>												
<i>Documentation of the completion of these items or deliverables is required to obtain all of the funds associated with this contract.</i>												
The EMS System will explain through documentation how they are addressing the below objectives and return this documentation to NCOEMS by November 14, 2003.												
1. Critical Benchmark (CBM) # 3: Mutual Aid												
<i>Guidance Directives from the Heath Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Develop a mutual aid plan for upgrading and deploying EMS units in jurisdictions they do not normally cover, in response to a mass casualty incident due to terrorism. This plan must ensure the capability of providing EMS coverage for at least 500 adult and pediatric patients per 1,000,000 populations per day.</i>												
Objective						Objective Confirmation						
3-a EMS EMS system must provide documentation of bioterrorism plan						<input type="checkbox"/>	BT plan initiated and available for review.					
						<input type="checkbox"/>	No plan initiated at this time: intent to develop included in proposal					
						<input type="checkbox"/>	No documentation provided					
3-b EMS Mutual Aid agreements with area hospitals						<input type="checkbox"/>	List included in proposal					
						<input type="checkbox"/>	List not included in proposal					

3-c EMS Mutual Aid agreement with the EMS systems in your region.							<input type="checkbox"/>	List included in proposal		
							<input type="checkbox"/>	No mutual aid agreement in place at this time:		
								intent to cultivate MAA in proposal		
							<input type="checkbox"/>	List not included in proposal		
3-d EMS Participate in a Regional Disaster Preparedness Committee (DPC)							<input type="checkbox"/>	DPC name listed in proposal		
							<input type="checkbox"/>	Not attending RAC DPC: intent to participate in RAC		
								DPC included in proposal		
							<input type="checkbox"/>	DPC name not included in proposal		
3-e EMS Participate in the local Homeland Security planning committee							<input type="checkbox"/>	Committee name listed in proposal		
							<input type="checkbox"/>	Not attending local planning committee:		
								intent to participate in the local planning committee		
								included in proposal		
							<input type="checkbox"/>	Local planning committee name not included		
								in proposal		
2. Critical Benchmark (CBM) # 4-2: Surveillance and Patient Tracking										
<i>Guidance Directives from the Health Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.</i>										
Objective							Objective Confirmation			
4-2a EMS PreMIS							<input type="checkbox"/>	Plan to submit the required NCCEP datapoints to OEMS by using the PreMis online software		
							<input type="checkbox"/>	Plan to submit the required NCCEP Datapoints to OEMS by using the PreMis Mobile (Palm OS PDA) software		
4-2b EMS Other data collecting tool							<input type="checkbox"/>	Plan to submit the required NCCEP Datapoints to OEMS by using the existing or commercial software and electronically transmitting the data to OEMS/PreMis		

3. Critical Benchmark 2-4 Credentialing of Clinicians											
<i>Guidance Directives from the Heath Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Develop a system that allows the credentialing and supervision of clinicians not normally working in facilities responding to a terrorist incident.</i>											
Objective						Objective Confirmation					
2-4a EMS EMS System must provide a brief statement of their plan to credential and supervise certified personnel not normally working in the county during a disaster.						<input type="checkbox"/>	Statement included in proposal				
						<input type="checkbox"/>	No plans at this time: intent to develop proposal				
						<input type="checkbox"/>	No documentation provided				
4. Critical Benchmark 6 Terrorism Preparedness Exercises											
<i>Guidance Directives from the Heath Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. As part of a written evaluation strategy of the awardee's program, conduct at least one Bioterrorism disaster exercise in the jurisdiction during FY 2003 that</i>											
Objective						Objective Confirmation					
6a EMS EMS System must provide a brief statement of their plan to participate in at least one Bioterrorism related disaster exercise and provide an after action report during this grant cycle. (September 1, 2003 through August 31, 2004) The facility may "request assistance" from NCOEMS for drill participation planning.						<input type="checkbox"/>	Statement included in proposal				
						<input type="checkbox"/>	No plans to date:"request assistance" statement included in proposal.				
						<input type="checkbox"/>	No documentation provided				

Section II: Priority Items

Section II- items in this section are to be addressed using the funds allocated to your system. Each EMS system will determine which items they will address based on their needs.

Please note your system may choose to address one or all the items listed below. If your system chooses to deviate from the items listed below you must document your plans for the funding. You must also document how you addressed the items listed below before you will be allowed to spend your funding on other items.

5. Critical Benchmark (CBM) # 2-6: Personal Protection Equipment

Guidance Directives from the Health Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Ensure adequate personal protective equipment (PPE) to protect 250 or more health care personnel per 1,000,000 population in urban areas, and 125 or more health care personnel per 1,000,000 population in rural areas, during a biological, chemical or radiological incident

Objective

Objective Confirmation

2-6 a EMS EMS System must provide documentation of their capacity to provide PPE to 125 personnel per 1 million population. Due to variation of populations across the state the aforementioned documentation should include your facilities population served.

☐

Document Provided

☐

Choose not to address objective at this time

6. Critical Benchmark (CBM) # 2-7: Decontamination System

Guidance Directives from the Health Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Ensure that adequate portable or fixed decontamination systems exist for managing 500 adult and pediatric patients and health care workers per 1,000,000 population, who have been exposed to biological, chemical or radiological agents.

Objective

Objective Confirmation

2-7a EMS - EMS System will provide documentation of capability to decontaminate 15 ambulatory and 5 non-ambulatory patients per hour with the assistance of call in staff.

☐

Document Provided

☐

Baseline decontamination cannot be met: intent to expend funds on the critical benchmark included in proposal

☐

Choose not to address objective at this time

7. Critical Benchmark # 2-10: Communications and IT											
<i>Guidance Directives from the Heath Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Establish a secure and redundant communications system that ensures connectivity during a terrorist incident between health care facilities and state and local</i>											
Objective						Objective Confirmation					
2-10 a EMS NC Medical Communications Network (NCMCN) systems						<input type="checkbox"/> Statement of intent to purchase UHF radio(s)					
Appendix A: Communication Section UCS4											
						<input type="checkbox"/> Do not wish to purchase communications					
8. Critical Benchmark # 2-5: Pharmaceutical Caches											
<i>Guidance Directives from the Heath Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Establish local or regional systems whereby pharmacies based in hospitals or otherwise participating in the local or regional health care response plan have surge capacity to provide pertinent pharmaceuticals in response to Bioterrorism or other public health emergencies</i>											
Objective						Objective Confirmation					
2-5 a EMS EMS System must provide any documentation with respect to the development or maintenance of any pharmaceutical cache.						<input type="checkbox"/> Document Provided					
						<input type="checkbox"/> No cache capacity at this time: intent to expend funds on development of Pharmaceutical Cache included in proposal					
						<input type="checkbox"/> Choose not to address objective at this time					
9. Critical Benchmark 2-3 Response Plan to increase Surge Capacity											
<i>Guidance Directives from the Heath Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Establish a response system that allows the immediate deployment of 250 or more additional patient care personnel per 1,000,000 population in urban areas, and 125 or more additional patient care personnel per 1,000,000 of population in rural areas, that would meaningfully increase hospital patient care surge capacity</i>											
Objective						Objective Confirmation					
2-3a EMS EMS Systems may increase their deployment of extra medical resources by participating in regional SMAT III program (See Appendix B SMAT III Guidelines)						<input type="checkbox"/> Statement provided in proposal					
						<input type="checkbox"/> Plans to submit RFP to state for SMAT III equipment					
						<input type="checkbox"/> Choose not to address objective at this time					

10. Optional Benchmark 5: Education											
<i>Guidance Directives from the Health Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. For awardees choosing to fund this section, develop education and training programs for adult and pediatric hospital, outpatient and pre hospital health care professionals responding to a terrorist incident. patient care surge capacity</i>											
Objective						Objective Confirmation					
5a EMS EMS System must provide documentation with respect to any resource allocation directed toward Education associated with preparedness for a terrorist event.						<input type="checkbox"/>	Statement of educational needs included in proposal				
						<input type="checkbox"/>	No specific educational needs at this time				
						<input type="checkbox"/>	No remaining funds for this critical benchmark				
11. Optional Benchmark 2-8: Mental Health											
<i>Guidance Directives from the Health Resources and Service Administration (HRSA) Hospital Preparedness Grant 2003-2004. Establish a system that provides for a graded range of acute psychosocial interventions and longer-term mental health services to 5,000 adult and pediatric clients and health care workers per 1,000,000 population exposed to a biological, chemical, radiological or explosive terrorist incident</i>											
Objective						Objective Confirmation					
2-8a EMS EMS System must provide a brief statement of capacity for mental health intervention with respect to any mental health system implemented or maintained.						<input type="checkbox"/>	Statement provided in proposal				
						<input type="checkbox"/>	No capacity for Mental Health intervention at this time: intent to expend funds on development and implementation included in proposal				
						<input type="checkbox"/>	No remaining funds for this critical benchmark				

UCS4 UHF CONTROL STATION

- 1.0 GENERAL - This specification describes the requirements for UHF control stations with installation and tone remote controller that will be installed as part of the NCMCN system. The stations with controller will be installed at designated hospitals, laboratories and other locations as directed to provide RF control and communication through the wide area NCMCN mobile relay stations. See diagram UCS4. It is anticipated that additional RF control stations will be required of both VHF and UHF types. These "special use" control stations shall be bid separately on the cost sheets provided.
- 1.1 The control station shall include a UHF radio transmitter and radio receiver, as well as a tone remote control. Generally, two RF control stations will be installed at each control station installation location to provide redundant operational control stations, one for MED-8 and one for MED-10, or as required for specified operation. The stations shall be modular in design and construction to permit flexibility in system design, installation and maintenance.
- 1.2 Each control station system will include "telephone style" tone remote control desktop unit similar to Zetron Model 284 Digital Tone Remote. Each desktop remote control shall have a handset and speaker with volume control. The remote control shall provide operational control of the two radio control stations, one functioning on MED-8 and one functioning on MED-10, or as required for specified operation.
- 1.3 Some control location installations may have two or more parallel tone remote control units operating the same radio control stations. The system design shall account for parallel operation and control including parallel transmit indication.
- 1.4 Each control station shall have a DTMF decoder similar to Zetron H.E.A.R. decoder installed and programmed to a unique five digit decode number. The five digit decode number for each remote control will be as assigned or designated by the state OEMS.
- 1.5 The speaker of the desktop remote control shall remain quiet (muted) unless the unique decode number is received and decoded or the speaker is manually activated (unmuted) by a user. Upon receipt of the appropriate five-digit DTMF number, the remote controller shall "ring" and an audible signal tone shall be sounded to alert the user personnel. The speaker shall become active enabling voice audio presentation of the received radio signal. The function and appearance of the two desktop remote controls shall be identical and as simple in design and operation as possible. The controller system shall be designed for operational use by non-technical persons. A model for the desired functional operation envisioned is a conventional telephone that rings and is answered by a user.
- 1.5.1 The remote control speaker volume or ring shall not be able to be reduced below a pre-set level to ensure calls are not missed.
- 1.6 The DTMF decoder for the desktop remote control shall not automatically reset upon replacement of the handset on the handset cradle. Reset shall be by operation of a clearly labeled manual momentary switch. It shall be possible to activate both the handset earphone and the desktop controller speaker simultaneously so that multiple

- persons in the proximity of the remote control can listen to the received audio when desired.
- 1.7 The remote control unit shall have multiple programmable CTCSS frequency selection capability to permit accessing or “steering” to alternate “area NCMCN site” repeaters. CTCSS tone identification shall be as specified by the OEMS and consistent throughout the state. Generally the tone remote control units will have four separate CTCSS tones to steer to the four wide area NCMCN repeaters closest to the control station.
 - 1.8 The tone remote control unit shall have a DTMF (Touch-tone™) encoder to transmit DTMF numbers that activate (dial) other control location or hospitals by pressing a sequence of DTMF numbers or encode a series of digits from a preprogrammed list of stored numbers. Operation of the DTMF encoder shall automatically key the associated radio control transmitter without necessity of pressing the “push to talk” switch on the handset.
 - 1.9 A series of up to 50 stored alpha-numeric identified DTMF numbers of up to 16-digits shall be stored and transmitted by pressing a “send” button, similar to “cellular telephone” or “telephone redial” operations. This shall enable a user to transmit a series of DTMF tones to activate (call and signal) the remote control at other hospitals or control locations through the wide area repeaters. Consideration for the key-up times and band pass characteristics of the system and transmitters in the system shall be incorporated in the design of the system.
 - 1.10 It shall be necessary to remove the handset from the cradle switch to activate the DTMF encoder to prevent accidental keying of the station. The remote control shall not function as a “hands free” device. Removing the handset from the cradle switch shall activate the handset earphone.
 - 1.11 DTMF transmission and decoding shall be identical on the MED-8 or MED-10 systems.
 - 1.12 DTMF decoder activation of the control station shall be possible by the State EOC through the microwave radio and computer control system. This remote activation shall enable the EOC personnel to activate the remote control decoder and speaker of any hospital or other radio control location by encoding the appropriate five-digit DTMF number code by transmitting through a wide area repeater station.
 - 1.13 The EOC shall have the ability to transmit DTMF codes and audio through any of the NCMCN repeaters connected to the computer/microwave network.
 - 1.14 Each of the DTMF decoders in the UHF control stations shall be capable of decoding two separate unique DTMF codes. This feature shall enable activation of a single remote control, or activation of an “all call” code to enable alerting multiple decoders with a single transmission.
 - 1.15 OPTION – The bidder shall provide the optional cost and propose a voice encryption module and encryption method compatible throughout the NCMCN system. It shall be possible to add voice encryption to the control station by inclusion of appropriate modules after initial installation of system.

2.0 FREQUENCIES

- 2.1 MED 10 Control Station Transmit: 467.950 MHz
- 2.2 MED 10 Control Station Receive: 462.950 MHz
- 2.3 Transmit CTCSS Tone: as required for station geographic location
- 2.4 Receive CTCSS Tone: 173.8 Hz (Tone Z)

- 2.5 MED 8 Control Station Transmit: 468.175 MHz
- 2.6 MED 8 Control Station Receive: 463.175 MHz
- 2.7 Transmit CTCSS Tone: as required for station geographic location
- 2.8 Receive CTCSS Tone: 173.8 Hz (Tone Z)

3.0 DELIVERY ITEMS – Generally a control station system installation will include two RF control radio stations enclosed in a single locking cabinet. Each control station to include:

- 3.1 Locking equipment cabinet to enclose all transmitters, receivers, DTMF decoder panels, power supply and control shelf modules;
- 3.2 Each RF control station will include 25 watt UHF transmitters – 2 per control system installation;
- 3.3 Each control station will include a UHF receiver – 2 per control system installation;
- 3.4 Tone remote controller - a single tone remote control is to be provided unless specific requirement for additional remote controls is specified.
- 3.5 Power supply for all equipment;
- 3.6 All necessary cabling, wiring and connectors;
- 3.7 Multiple frequency programmable remote controlled CTCSS encoder for transmitter;
- 3.8 Service speaker(s) for receivers, with on-off switch and volume control;
- 3.9 CTCSS decoder for receiver;
- 3.10 DTMF decoder with “dual-call” capability to enable un-muting of tone remote control(s) speaker;
- 3.11 Control shelf and all logic, microprocessors, control modules and programming;
- 3.12 Power-line surge protection, in-line RF transmission line lightning protection and grounding of system to a single point ground;
- 3.13 Antenna, transmission line and connectors;
- 3.14 Antenna mounting brackets;

- 3.15 Complete installation and coordination of installation to include remote control wiring when required;
- 3.16 Complete sets of printed operator manual, technical maintenance and repair manuals.
- 3.17 OPTIONAL ITEMS – the bidder shall provide the cost for the following optional purchase items:
 - 3.17.1 Secure Voice encryption communication – for the UHF control radio, the bidder shall provide the optional cost and propose a voice encryption module and encryption method compatible throughout the NCMCN system. It shall be possible to add voice encryption to the UHF control radio system by inclusion of appropriate modules after the initial installation of system. The bidder should provide information on the encryption system proposed and allow for inclusion on either the MED-10 system, the MED-8 system, or both systems. Option costs should include the cost to install the encryption system as part of the initial installation, or at a later date after the initial system has been installed and is operational.
 - 3.17.2 The bidder should include a cost proposal contingency to provide “in house” control wiring if wiring can not be provided by the hospital or facility maintenance department. The contingency cost must include the labor and materials costs to provide the turnkey installation of the control wiring if required. The optional cost should not be included in the control system cost.
- 3.18 For control stations installed at radio tower sites intended for operational remote control of area repeaters from the EOC console or contact of other VHF or UHF systems, the bidder shall omit the tone remote control and DTMF decoders and substitute appropriate NXU-2, computer control router and Ethernet switch modules to operate the RF control station. The costs for the IP networking devices shall be itemized separately in the bid documents to permit deleting of this item from the cost of the system.
- 4.0 RADIO CONSTRUCTION - Radio design shall be modular to allow for easy removal of modules from the front. Like type modules shall be interchangeable without modifications.
- 5.0 RECEIVER
 - 5.1 The receiver shall be synthesized to operate on any one of up to 128 programmable frequencies. Operation shall be provided on channels anywhere within the frequency band of operation without compromise of single frequency specifications.
 - 5.2 RECEIVER SPECIFICATIONS:
 - 5.2.1 Operating Frequency Band: 400 - 520 MHz
 - 5.2.2 Sensitivity 12 dB SINAD: -117 dBm

- | | | |
|--------|--|--|
| 5.2.3 | Channel Spacing: | 12.5 or 25 kHz programmable by channel |
| 5.2.4 | Selectivity - EIA 2-Signal Method: | -90 dB |
| 5.2.5 | Inter-modulation: | -85 dB |
| 5.2.6 | Spurious and Image Rejection: | -85 dB |
| 5.2.7 | Frequency Spread (full spec): | 5 MHz |
| 5.2.8 | Frequency Stability (%): | ± 0.00025 |
| 5.2.9 | Audio Output: | +10 dB at 600 Ω |
| 5.2.10 | Audio Characteristics: | within 6 dB per Octave De-emphasis |
| 6.0 | from 300 to 3000 Hz | |
| 6.1.1 | Audio Line Distortion | 2% max |
| 6.1.2 | RF Input Impedance: | 50 Ω |
| 6.2 | METHOD OF MEASUREMENT - Receiver measurement for compliance with these specifications shall be performed in accordance with methods detailed in applicable EIA Standards. | |
| 7.0 | TRANSMITTER | |
| 7.1 | The radio transmitter shall be synthesized to allow single or multi-frequency operation as programmed using a PC programming software and cable. The transmitter shall operate on any one of up to 128 frequencies at any frequency within the band split without compromise of single-frequency specifications. | |
| 8.0 | TRANSMITTER SPECIFICATIONS: | |
| 8.1.1 | Operating Frequency Band: | 400 - 520 MHz |
| 8.1.2 | Rated Power Output: | 25 watt |
| 8.1.3 | Duty Cycle: | 100% continuous |
| 8.1.4 | Frequency Stability (%): | ± 0.00025 |
| 8.1.5 | Audio Frequency Characteristics curve: | 300 to 3000 Hz per EIA |
| 8.1.6 | Audio Distortion (@ 1000 Hz 60% rated Dev.): | <3% |
| 8.1.7 | Conducted Spurious and Harmonic Emission: | -80 dBm |
| 8.1.8 | FM Hum and Noise (12.5 kHz): | -55 dB (wide)/-50 dB (narrow) |
| 8.1.9 | Frequency Separation: | 20 MHz |
| 9.0 | METHOD OF MEASUREMENT - Transmitter measurement for compliance with these specifications shall be performed in accordance with methods detailed in EIA Standards RS-152-C. | |

10.0 STANDARD FEATURES

10.1 SUB-AUDIBLE TONE/CODE SQUELCH - The radio set shall include a tone and code generator which modulates the transmitter in accordance with EIA Standards RS-220 requirements. Nominal tone/code modulation shall be +0.75 kHz deviation with a tolerance of +0.25 kHz. Either a tone or a digital code may be programmed on any of the radio channels. Standard EIA tones in the range 67.0 to 210.7 Hz or 83 standard digital (DCSS) codes shall be programmable.

10.2 PROGRAMMABLE CHANNEL SPACING - The radios shall be capable of 12.5 and 25 kHz channel spacing programmable by channel.

11.0 ENVIRONMENTAL

11.1 Operating Temperature Range: -30°C to + 60°C

11.2 Relative Humidity: 95% at +50°C

12.0 TONE DESKTOP REMOTE CONTROL – The system shall be delivered and installed with a tone remote control with the following programmable features: Guard tone frequency and notch filter; adjustable function tone duration; 15 function frequencies; monitor frequency; 9 programmable keys with LED to indicate status.

12.1 Handset with push-to-talk (PTT) switch;

12.2 Built-in speaker with volume control;

12.3 2-line adjustable programmable Liquid Crystal Display;

12.4 16 Digit DTMF keypad and DTMF encoder, programmable for function and duration

12.5 Transmit indicator;

12.6 8 programmable function keys;

12.7 120 VAC operation installed to function on emergency power if available

12.8 Custom labeled panel switches

12.9 Tone remote control of up to four base stations (two operational when installed)

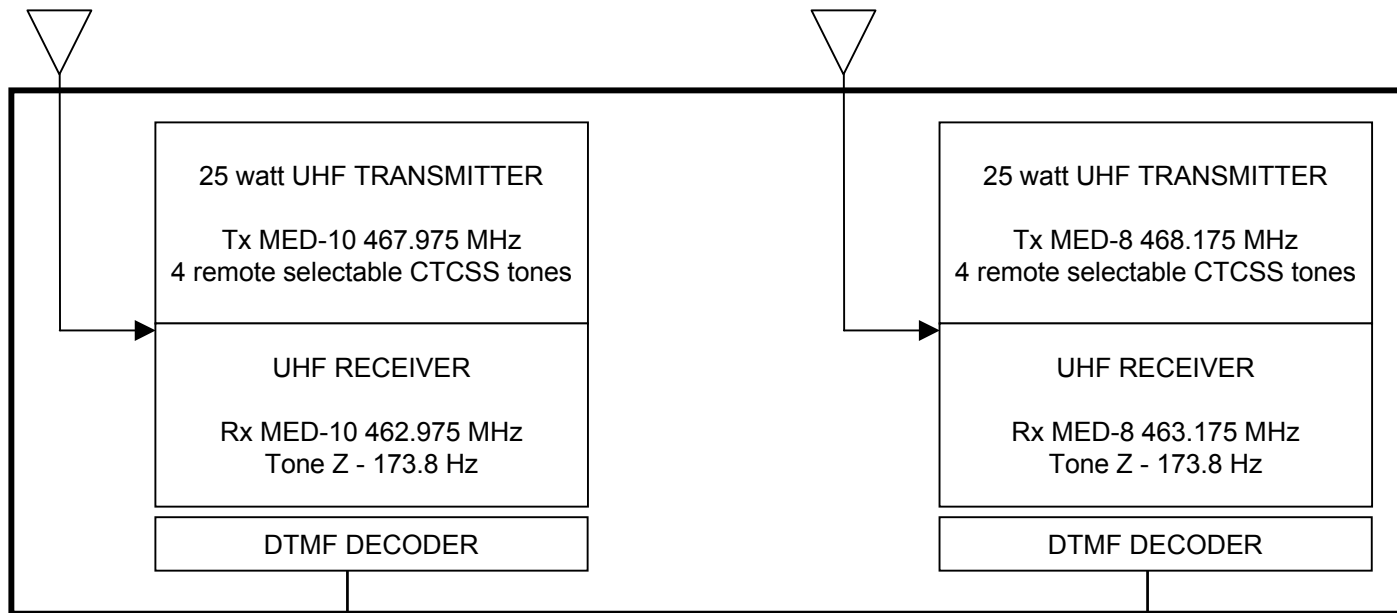
12.10 Alphanumeric display of channel names

12.11 DTMF encoder with page by name database with up to 50 preprogrammed functions

12.12 Operator instruction manual;

12.13 Technical maintenance and repair manual.

13.0 ANTENNA - The antenna provided for the unit shall consist of a 3-dB gain omni directional antenna. Two antennas per control station system required.



Multi-function Tone
Remote Control



Note: Some installation locations may have
multiple parallel controls or dual receivers

TWO RADIO CONTROL STATION
(some hospitals have dual receive installation)
UCS4- DUAL STATION

State Medical Response System Type III Medical Assistance Teams

Mission Statement: To provide a rapid victim decontamination and mass casualty medical management service at the local, regional, or state level.

Operational Functions

Provide a first line of defense locally, assist at hospitals, or be deployed within region or state at the request of NC Division of Emergency Management (NCEM) through the statewide mutual aid agreement.

Provide local decontamination/medical treatment teams (Type III) that could rapidly assist/start decontamination operations on victims from a chemical exposure or other potential incidents that require decontamination.

Organizational Requirements County/Team

1. Complete a State Medical Assistance Type III Team application, and submit it to the North Carolina Office of EMS.
2. Be a current participant in the statewide Emergency Management Mutual Aid Agreement prior to selection.
3. Counties (Teams) selected as SMAT Type III Team, must meet all requirements and sign a Memorandum of Understanding (MOU) with NCEM/OEMS to receive Type III equipment pod.
4. Establish and maintain a Type III Team.
5. Agree to maintain training, equipment and personnel health and training records.
6. When requested and notified in a timely fashion, agree to participate in locally/regionally scheduled applicable meetings, training, tabletop exercises, functional exercises, and after action meetings held by county emergency management, hospital BT/disaster committees, and/or county LEPC's.
7. Agree to deploy a team locally within 30 minutes, and statewide within 2 hours of deployment request.
8. Agree to provide a 30 day written notice if the county (Team) wishes to cancel MOU with NCEM/OEMS.
9. Agree to return all inventoried equipment when Team ceases to function. All equipment will remain property of NCEM.
10. Safely store, maintain, and record all pharmaceuticals, (i.e., shelf life and manufacturers recommended temperature storage standards) and deploys only standardized equipment sets.

11. Establishes a plan for maintaining all pharmaceuticals in-date, and maintain with the manufactures recommended temperature storage standards and record it.
12. Replace any and all disposable supplies and damaged reusable equipment from standardized equipment set if used within the county or on locally deployed event.
13. Write and provide NCOEMS/NCEM an after action report following drills, exercises, and deployments within 30 working days.
14. Notify NCEM planning section of all planned training activities at least 8 weeks prior to event.

Office of Emergency Medical Services Requirements

1. Select, purchase, package, and distribute standardized equipment sets to the locations of teams selected.
2. Prepare and sign Memorandum of Agreement with County/Team selected and approved.
3. Support initial and ongoing training for the Teams.
4. Assist with regional exercises.
5. Activate and deploy the Type III Teams for out of jurisdictional area as part of the statewide Mutual Aid Agreement.
6. Replace equipment used, damaged, etc. when deployed by SERT.
7. Establish reporting forms and schedule for reporting on personnel, equipment, pharmaceuticals, equipment, and training.
8. Provide additional equipment support as funds become available and if state of the art research and development standards indicate the need.

Type III Team Selection Criteria

1. Form a Team with a minimum of 7 members for deployment, (10 members are recommended). In order to be deployed with this staffing level, a minimum of 21 personnel should be trained.
2. A minimum of 7 team members shall hold and maintain an EMT-Basic level of certification. When deployed, the Team shall have a minimum of 2 team members who are currently credentialed at the EMT-I or EMT-P level.
3. As a minimum entry level, each team member must have completed an awareness level Hazmat course (OSHA or NFPA 473 or EMS/HM level I).
4. Complete all training requirements prior to being deployed.

5. Every two years all members must take and pass a refresher course developed by NCEM/OEMS.

Team Member Eligibility Requirements

1. Hold and maintain NCOEMS EMT-B at a minimum.
2. Hold and maintain valid NC DMV driver's License.
3. Have Hazmat Awareness level of training as a minimum prior to joining team (OSHA, EM, or NFPA 473).
4. Have and maintain personal vehicle to drive.
5. Attend and pass WMD Type III Team Training (36 hrs) includes NFPA 473 EMS/HM Level II responder Chapter 3-3 and 4 1997.
6. Attend 2 (minimum) Type III training sessions/year.
7. Participate in a minimum of 2 functional exercises/year with other emergency services at the local and/or regional level (EMS, fire, Hazmat, law enforcement, public health and hospitals).
8. Ability to deploy with team within 30 minutes of notification locally and 2 hours statewide.
9. Willing to be deployed within region or state for 3 days (maximum) to perform duties assigned to team.
10. Maintain a 3-day personal pack.
11. Maintain a personal fitness program on a regular basis.
12. Complete a Personal Health Record.
13. Provide Respiratory Health Surveillance Examination documentation every year.
14. Able to lift and carry 50 lbs a distance of 100 feet.
15. Provide documentation of Hepatitis B, Tetanus Toxoid, Tuberculin Skin Test, and any other OSHA directed preventive measure per OSHA standards.

Physical Requirements for Team Members

1. Team member shall not have any of the following health risks:

2. Hypertension (BP Systolic >150 Diastolic >90). May provide documentation that member is on medication maintaining BP within safe range (<150 systolic, <90 diastolic).
3. Seizure activity within the last 5 years.
4. Hypoglycemic (low blood sugar) events causing unconsciousness or altered mental status in last 5 years.
5. Pulse <60, >120, heart block, arrhythmia's (irregular heart rates).
6. Morbid obesity
7. Shortness of breath climbing 3 flights of steps
8. Claustrophobia
9. Limited range of motion in any of the 4 extremities including fingers and toes.
10. Any recently diagnosed serious medical condition.

Training Requirements

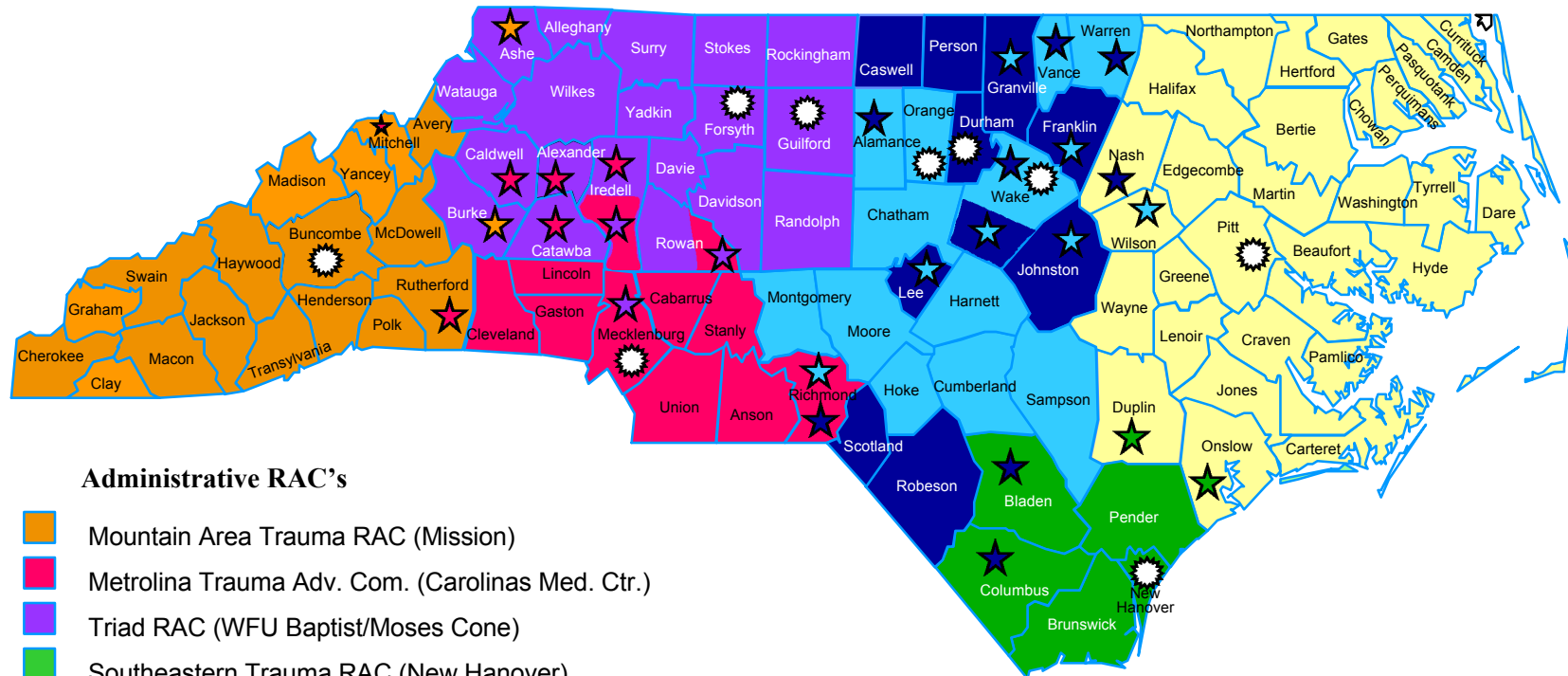
1. Take and pass the 36 hours of initial training provided, which includes:
 - a. Hazmat OSHA Operational Level
 - b. Specialized Weapons of Mass Destruction EMS Technician course to include: WMD, PPE, Setup, FOG, Decon, MCI, NFPA 473, and Operations Level Hazmat.
2. Ongoing Training: After completion of initial training all Type III teams must:
 - a. Participate in a minimum of 2 functional exercises/year with other components of the emergency services in the local and/or mutual aid regional jurisdictions (EMS, fire Hazmat, law enforcement, public health, and hospitals).
 - b. Every two years take and pass a refresher class.
3. All initial and continuing education materials will be recognized by the NCOEMS for continuing education credits for all levels of EMS credentialing.

Category	Item Description	Total Required	Unit Of Issue
DECON	Bag, Victim Possession	3	Roll/50
DECON	Bag, Ziplock Write-On (9 x 12)	2	Bx/100
DECON	Bags, Biohazard (large size)	1	Case/250
DECON	Bags, Trash (60Gal)	1	Box/50
DECON	Bleach, Institutional	4	Gal/Ea
DECON	Bottles, Spray (quart)	4	Ea
DECON	Brush, 18" (wood handle, decon)	5	Ea
DECON	Bucket, 1 Gal, w/Handle (decon)	5	Ea
DECON	Bucket, 5 Gal, w/Handle (decon)	5	Ea
DECON	Overpack Drum, Contaminated Clothing (trashcan)	4	Ea
DECON	PPE Donning/Doffing Platform	6	Ea
DECON	Decon Manifold System	1	Ea
DECON	Hose, Garden (75'x5/8")	4	Ea
DECON	Knife, Cloth Cutter (Lifesaver) (decon)	8	Ea
DECON	Knife, Cloth Cutter (Lifesaver), Blades (decon)	2	Pkg/5
DECON	Litter, Decon	8	Ea
DECON	LITTER STRAP (9' Standard Aero-Medical)	25	Ea
DECON	Metal S Hook RH 26-50 (decon bucket hooks)	8	Ea
DECON	Non-Disposable Sponges 7.5" X 3.75" x 2.125" (body decon)	8	Ea
DECON	Ring Cutter, Manual	2	Ea
DECON	Decon Litter Stand	8	Ea
DECON	Shower Wand	4	Ea
DECON	Speaker, PA (Bullhorn)	1	Ea
DECON	Support Box (store decon equipment)	8	Ea
DECON	Tape, Decon	3	Ea
DECON	Towel, Disposable (White) (size-decon body wipes)	200	Ea
DECON	Traffic Safety Cone (18") (decon line)	12	Ea
DECON	Wash Cloth, Disposable Face/Hand (decon face wipes)	4	Case/500
DECON	Washer/Sprayer (3 Gal.Garden)	2	Ea
DECON	WMD Tents 9' X 9' with built in Shower Heads, Basin, complete	1	Ea
DETECT	Detection Paper, Chemical Agent (M-8,Booklets-50 Count)	4	Ea
DETECT	Detection Paper, Chemical Agent (M9-Roll)	2	Ea
DETECT	Manual, Control of Comm. Diseases (Benenson)	1	Ea
DETECT	Manual, Emer. Care for Hazmat Exp. (Bronstein)	1	Ea
LOG	Board, White Marking (3'x3')	1	Ea
LOG	Cooler, 5-Gal Water (Gott)	1	Ea
LOG	Cooler, 12-Gal Chest (Gott)	2	Ea
LOG	Lights, Halogen Tripod	2	Ea
LOG	Tarp Red,Heavy Duty 12X20	1	Ea
LOG	Tarp Yellow,Heavy Duty 12X20	1	Ea
MED	Airway, Berman, Adult (100 mm)	1	Pkg/12
MED	Airway, Berman, Child (80 mm)	1	Pkg/12
MED	Airway, Berman, Infant (40 mm)	1	Pkg/10
MED	Airways,Nasopharyngeal 8.0mm ID, 10.5mm OD (32 Fr)	10	Ea
MED	Airways, Nasopharyngeal 6.0mm ID, 8.0mm OD (24 Fr)	10	Ea
MED	Blankets, Disposable Emergency	100	Ea
MED	Clipboard	2	Ea
MED	Mask, Oxygen (Non-Rebreather, Adult)	25	Ea
MED	Mask, Oxygen (Non-Rebreather, Pediatric)	25	Ea
MED	OXYGEN, MULTI-OUTLET MANIFOLD KIT	1	Ea
MED	Shears, Medicut	4	Ea
MED	Shield, Eye Irrigation Lens (MT100)	1	Pkg/12
MED	Suction Unit, Battery Operated	2	Ea
MED	Suction Unit, Battery Charger	2	Ea
MED	Suction Unit, Battery (LifePak-10 Type)	2	Ea
MED	Suction Unit, Canister (1200 cc)	4	Ea

MED	Suction Unit, Yankauer Tonsil Suction Tips	24	Ea
MED	Suction Unit, Suction Tubing	24	Ea
MED	Suction Unit, #16 Suction Catheters	24	Ea
MED	Tags, Disaster Triage (w/Team ID Printed & Inc. In Bar Code)	0.25	Pkg/1000
PPE	Faceshield, Chemical	8	Ea
PPE	Glove, Decon, Nitrile (4 mil), Large	2	Box/100
PPE	Glove, Decon, Nitrile (4 mil), X-Large	3	Box/100
PPE	Glove, Decon, Nitrile (4 mil), XL	2	Pkg/12
PPE	Goggle, Chemical	8	Ea
PPE	Respirator, Acid Vapor Filters	8	Ea
PPE	Respirator, Back Pack Harness	4	Ea
PPE	Respirator, Breathe Easy 10 Butyl Hood	4	Ea
PPE	Respirator, Breathe Easy Organic Vapor Cartridges	4	6pk
PPE	Respirator, Full Rubber Face Mask	4	Ea
PPE	Respirator, Hepa Filters	8	Ea
PPE	Respirator, Positive Pressure Demand With Voice	4	Ea
PPE	Suit, Level-B, Coveralls w/Hood, Sock Boots, Boot Flaps (X-Lrg)	2	Case/6
PPE	Suit, Level-B, Coveralls w/Hood, Sock Boots, Boot Flaps (XXX-Lrg)	1	Case/6
PPE	Suit, Saranax Level B, XL, w/Hood & Booties	12	Ea
PPE	Suit, Saranax Level B, XXXL, w/Hood & Booties	4	Ea
PPE	Tape, Chemical	4	Ea
PPE	Chemical Boots (PVC, Black Steel Toe) Size 10	4	Ea
PPE	Chemical Boots (PVC, Black Steel Toe) Size 12	4	Ea
PPE	Chemical Boots (PVC, Black Steel Toe) Size 14	4	Ea
PPE	Chemical Boots (PVC, Black Steel Toe) Size 9	4	Ea
PPE	Vest, Cool (Thermalwear II Warm/Cool)	4	Ea
RX	2 Pam Chloride (1/2 Per Yr) 1G	24	Ea
RX	Atropine, 0.1mg 30cc Bottle	1	Pkg/10
RX	Mark-I Kits	240	Ea
RX	Tetracaine, (Indiv Packs)	12	Ea
RX	Valium, 10mg Syringe (Tubex) w/Tubex Holder	4	Pkg/10

Regional Advisory Committees (RACs)

August 2002



Administrative RAC's

- Mountain Area Trauma RAC (Mission)
- Metrolina Trauma Adv. Com. (Carolinas Med. Ctr.)
- Triad RAC (WFU Baptist/Moses Cone)
- Southeastern Trauma RAC (New Hanover)
- Eastern RAC (Pitt)
- Duke RAC (Duke)
- MidCarolina Trauma RAC (UNC/WakeMed)
- Indicates selection of a secondary RAC. The star color matches the RAC as noted in the legend above.
- Indicates a Level I or II Trauma Center

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES

EMS SYSTEM SAMPLE PROPOSAL FORMAT

COUNTY NAME: Sample County
EMS SYSTEM NAME: Sample County EMS System
ADDRESS: 1st Street
Sample City, NC 00023

PHONE: (123) 456-7891

DATE SUBMITTED: November 2, 2003

PROJECT COORDINATOR: Sam Sung
TITLE: EMS Director
PHONE: (123) 456-7891
CELL: (123) 456-7891
EMAIL: sam.sung@Samplecounty.org

TOTAL GRANT AWARD ANTICIPATED: \$ 125,072.00

PROJECT DESCRIPTION:

Provide a narrative description of the proposed project(s). The scope of the project design should flow logically from the documentation required in **Section I** of the checklist for the EMS System, followed by the projects for funding consideration identified by the HRSA Critical Benchmarks and priority areas of **Section II** of the checklist.

SECTION I: REQUIRED

Critical Benchmark 3: Mutual Aid Plan for upgrading and deploying EMS assistance from outside the immediate area to hospitals in disaster situations.

Objective 3-a EMS Documentation of Bioterrorism Plan

Sample County EMS System has a comprehensive disaster plan in place that covers acts of terrorism, chemical, radiological and nuclear incidents. A copy is located in the county EMS office station as well as other EMS stations. Our disaster plan is available for review by OEMS on site. Please call the EMS Director to arrange for any site visits prior to coming so that we will have the staff available to assist you.

Objective 3-b EMS

Mutual Aid Agreements with area hospitals

We have signed Mutual Aid agreements with the hospitals from the three surrounding counties of Douglas, Taylor and Nemaha to provide assistance as needed during a disaster. These have been incorporated with the EMS Disaster Plan with copies provided to the QUALITY RAC, Disaster Coordinator. We have also signed an agreement with the Regional Advisory Committee to provide least one staffed ambulance with at least 1 EMT and 1 Paramedic to report to our ED within 2 hours of notification of an emergency situation or mass casualty situation where needed. Our agreement covers fires, emergency evacuation of patients, medical staffing assistance in the ED, transfer of patients to local skilled nursing facilities, other hospitals. These have been incorporated with the EMS Disaster Plan with copies provided to the QUALITY RAC, Disaster Coordinator and local EM

Objective 3-c EMS

Mutual Aid Agreements with the EMS systems in your region

We have signed Mutual Aid agreements with all EMS Systems within our Regional Advisory Committee and with the North Carolina Association of Rescue and EMS, Inc. to provide at least one staffed ambulance during disasters for up to one week.

Objective 3-d EMS

Participation in a Regional Disaster Preparedness Committee (DPC)

Sample County EMS System is affiliated with the Quality RAC Disaster Subcommittee only. We have attended two of the four meetings scheduled for 2003.

Objective 3-e EMS

Participation in a Local Planning Committee

Sample County EMS System has been part of the local planning committee for the past two years. The following entities are also members of this committee: Emergency Management, Public Health, Fire, Police, Hospitals, Mental Health, and Communication- 911. Presently we are working with the various funding streams available to our through Emergency Management, Public Health and OEMS.

Critical Benchmark 4-2: Surveillance and Patient Tracking

Objective 4-2a EMS

Premis

We plan to submit the required NCCEP datapoints to OEMS by using PreMis online software by January 2004. We will use the funding allocated to our county by OEMS from the HRSA Hospital Bioterrorism Preparedness Grant for 2003-2004 to purchase the required PDAs in support of this system. We plan to purchase 10 PDAs at \$200.00 each.

Total cost of this portion of the project is: \$2,000.00.

Objective 4-2b EMS
Other data collecting tool

We will submit the required NCCEP datapoints to OEMS by using ABC software.

Critical Benchmark 2-4: Credentialing of Clinicians

Objective 2-4a EMS
Credentialing and supervision of personnel not normally working in the EMS System.

Sample County EMS System has incorporated a section in the EMS Disaster Plan to credential certified personnel not affiliated with this EMS system during disasters. Administrative officers have been designated in our disaster plan to check credentials of outside professionals arriving on scene and agreeing to work. This section of our disaster plan is available to your staff for inspection and review.

Critical Benchmark 6 Terrorism Preparedness Exercises

Objective 6a EMS Participation in at least one Bioterrorism Exercise during FFY 2003-2004

Sample County EMS has participated in one Bioterrorism Drill during the past year, and will participate in another one this year prior to June 2004. The County Emergency Management Director works very close with the EMS system in planning for these drills. We are also planning to participate in the State Public Health Exercise in November 2003 including using the Strategic National Stockpile and a bioterrorism related agent.

We will provide a report on our participation during the quarter following the exercise as to how we participated.

SECTION II: PRIORITY ITEMS FOR FUNDING

Critical Benchmark 2-6 PPE for 125 people/1,000,000 Population

Objective 2-6a EMS
Capability to provide appropriate PPE for population served.

We serve a population of 63,332 and have approximately 26,600 911 calls per year. Based on our population, we have sufficient Level B and C PPE for 67 of our staff. We do plan to purchase **(2) 3M Breathe Easy PAPR's with purifiers \$795.00 for the hood and \$ 95.00 each for (2) battery chargers from Respiratory Equipment.** The 3M butyl rubber hood system reduces weight without compromising protection. The air-purifying respirator (PAPR) provides protection and mobility. These will remain available to all providers and located at the main EMS base Station 1.

Total cost to meet this objective is: \$ 1,780.00. (See details of items to be purchased in budget narrative).

Critical Benchmark 2-7 Portable or fixed Decontamination Systems

Objective 2-7a EMS

Capability to decontaminate 15 ambulatory patients and 5 non-ambulatory an hour with assistance of call in staff.

Our EMS System **does not** have any decontamination capability at this time. With a population of 63,332, we plan to purchase a small 2 Line TVI portable decontamination system including accessories.

We have a team already trained in decon and plan to request additional training from the provider of our TVI system to be purchased under this grant. Our system has trained 10 paramedic and 5 EMT in decontamination and other staff will receive training during next fiscal year.

The 2 line TVI System will serve as our means of decontaminating 15 ambulatory and 5 non-ambulatory patients per hour.

The TVI system will have a self-contained decon design that ensures state-of-the-art performance and speed of deployment. The exterior frame and supporting interior fabric isolates contaminants and expedites post use clean up.

Dimensions of the 2 Line system is 8'W X 20' L 8-20-1 with 20 body sprays integral to shelter and 4 hand sprayers on integral shower booms. Components include: diesel flash water heater w/solution injector, catch basin, 2 18"W X 10'L articulating litter conveyors, 6 floor risers for full basin coverage, 2 transfer boards with guides, 4 ergonomic overhead hand sprayers, 2 20' hoses and garden hose adapters, maintenance kit, shower, PVDF, waste water pump 18gpm, storage bags, repair kits, anchor kit, 2 florescent water resistant hardened light fixtures and flash hot water heater, 340,000 BTUs, model SF-12 (WH-340-1-1).

Total cost of this TVI system is: \$ 26,798

We will also purchase 300 personal patient belonging kits at a cost of \$ 14.98 each.

Total cost for this portion of the project is: \$ 4,494

Grand total for this project is: \$ 31,292

Critical Benchmark 2-10 Establish and ensures redundant communications between health care facilities, state, and local health departments during terrorist attack.

Objective 2-10a EMS**NC Medical Communications Network (NCMCN) system**

We are presently using an 800 MHz radio system as our primary means of communication. We have UHF radios in all our ambulances which serves as our redundant means of communications and makes our system compatible with the NCMCN system.

Critical Benchmark 2-5 Pharmaceutical Caches**Objective 2-5a EMS****Development or maintenance of any pharmaceutical cache.**

Sample County EMS System chooses not to address this objective at this time.

Critical Benchmark 2-3 Response Plan to Increase Surge Capacity**Objective 2-3a EMS****EMS Systems may increase their deployment of extra medical resources by participating in regional SMAT III program**

Sample County EMS system will purchase one SMAT III decontamination stocked trailer from state contract using the funding allocated to our county by OEMS from the HRSA Hospital Bioterrorism Preparedness Grant for 2003-2004.

Total estimated cost \$ 90,000.

Critical Benchmark 5 Education**Objective 5a EMS****Documentation of any education associated with preparedness for terrorist events.**

Sample County EMS System has no specific educational needs at this time.

Critical Benchmark 2-8 Mental Health**Objective 2-8a EMS****Statement of capacity for mental health intervention with respect to any mental health system implemented or maintained.**

Sample County EMS System is currently working with Sample County Mental Health department to create a mental health registry. This register will include the names and contact information of all county and private practice mental health practitioner who have agree to respond during a disaster. This list will also be shared with the regional disaster committee to be included in their regional disaster plan.

**SAMPLE
IMPLEMENTATION SCHEDULE FFY 2003-2004 GRANT
EMS**

EMS SYSTEM NAME: Sample County EMS System

DATE SUBMITTED: 11-14-03

PERSON SUBMITTING TIMELINE: Sam Sung

TITLE: EMS Director

ADDRESS: 1st Street Sample City, NC 00023

PHONE: (123) 456-7891

EMAIL: sam.sung@Samplecounty.org

SPECIFY: Initial Submission ☒ X

Quarterly Report: 1st ☐ 2nd ☐ 3rd ☐ 4th ☐

Final Report ☐

CBM Objective #	Goals followed by Measureable Objectives:	Expected Completion Date	Actual Completion Date	Individual Assigned to Complete Task
CBM 2-7 Decontamination Objective 2-7a EMS	Sample County EMS System will purchase two lane decontamination equipment capable of decontaminating 5 non-ambulatory and 15 ambulatory patients within (1) hour by January 15, 2004	1/15/2004		Sam Sung
Objective 2-7a EMS	Sample County EMS System will purchase 300 ID-Con kits from Disaster Preparedness USA to store patients personal items by January 15, 2004	1/15/2004		Sam Sung
CBM 2-3 Surge Capacity Objective 2-3a EMS	Sample County EMS System will purchase one SMAT III Trailer from state contract to be used by the county during a disaster. Trailer will be ordered by January 30, 2004	1/30/2004		Sam Sung

SAMPLE
EMS COMPOSITE BUDGET

EMS System Name:	Sample EMS System	
DATE:	11/4/2003	
Individuals Completing/Approving Budget:	Susan Byrd	Thom Browne
Title:	Finanacial Analyst	Fiscal Officer
Phone #:	(123) 456-7899 FAX #: (123) 456-7890	(123) 456-7800 FAX #: (123) 456-7890
Email:	susan.byrd@samplecounty.org	thom.brown@samplecounty.org

Item	Approved Budget				Expenditures to Date								
	Quantity	Critical BM #	Cost per item	Total	1st Qtr.Exp	Balance	2nd Qtr.Exp.	Balance	3rd Qtr.Exp.	Balance	4th Qtr.	Balance	Final Exp.
Proposed Budget				\$125,072.00									\$125,072.00
Equipment (specify)													
PDA's for PreMis	10	4-2	\$200.00	\$2,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$0.00		\$0.00		\$0.00	\$2,000.00
TVI Decon tent/accessories	300	2-7	\$14.98	\$4,494.00		\$4,494.00		\$4,494.00		\$4,494.00	\$4,494.00	\$0.00	\$4,494.00
SMAT III Trailer	1	2-3	\$90,000.00	\$90,000.00		\$90,000.00	\$90,000.00	\$0.00		\$0.00		\$0.00	\$90,000.00
PPE													
PAPR's for Lab	2	2-6	\$795.00	\$1,590.00		\$1,590.00		\$1,590.00	\$1,590.00	\$0.00		\$0.00	\$1,590.00
Battery Chargers for PAPR's	2	2-6	\$95.00	\$190.00		\$190.00		\$190.00	\$190.00	\$0.00		\$0.00	\$190.00
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
Decontamination													
TVI Decon tent/accessories	1	2-7	\$26,798.00	\$26,798.00		\$26,798.00		\$26,798.00		\$26,798.00	\$26,700.00	\$98.00	\$26,700.00
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
Training (specify)													
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
Communications													
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
Other (Specify)													
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
TOTAL				\$125,072.00	\$1,000.00	\$ 124,072.00	\$91,000.00	\$33,072.00	\$1,780.00	\$31,292.00	\$31,194.00	\$98.00	\$124,974.00

TEMPLATE 4

EMS DETAILED BUDGET NARRATIVE

Critical Benchmark 2-7: Decontamination Systems

Ensure that adequate portable or fixed decontamination systems exist for managing 500 adult and pediatric patients and health care workers per 1,000,000 population, who have been exposed to biological, chemical or radiological agents.

Objective 2-7a EMS Capability to decontaminate 5 non-ambulatory and 15 ambulatory patients an hour with staffing available.

Decontamination - \$26,798

In an effort to enhance the readiness of Sample County EMS System to decontaminate a minimum of 5 non-ambulatory and 15 ambulatory casualties within one hour following a disaster where decontamination is necessary, we plan to purchase a decontamination system and patient ID bags for belongings that is compatible with the SMAT II and III trailers and equipment. This investment will be made toward upgrading and purchasing the necessary supplies, and equipment for a mobile or portable decontamination facility that can be set up and activated immediately. The patient bag includes bags for personal belongings and contaminated clothing and provides for necessary towels, and clean garments.

The following items will be purchased as a package from the TVI Corporation in order to coordinate with similar decontamination packages purchased for the SMAT II's, III's and SORT.

(Provide itemized and detailed list of specifications and each item along with projected cost of each item if purchased separately for each objective).

Details and specifications with estimated cost for each item to be purchased to meet the objective.

PO/Invoice # (for tracking only)	Quantity	Item Description	Unit Cost	Extended Cost
	1	TVI Decon shelter 8' W x 19 ½' L 145 lbs. model # 19-065-287	\$ 8,995.00	\$ 8,995.00
	1	Litter Conveyor Table 8' L x 19"W X 30" H model # 19-065—290	\$ 895.00	\$ 895.00
	300	ID-Con Kits for patient decon	\$14.98	\$ 4,494.00
		Etc.		
		Etc.		
		Etc.		